

Name  
in  
Full

CERTIFICATE OF DEATH

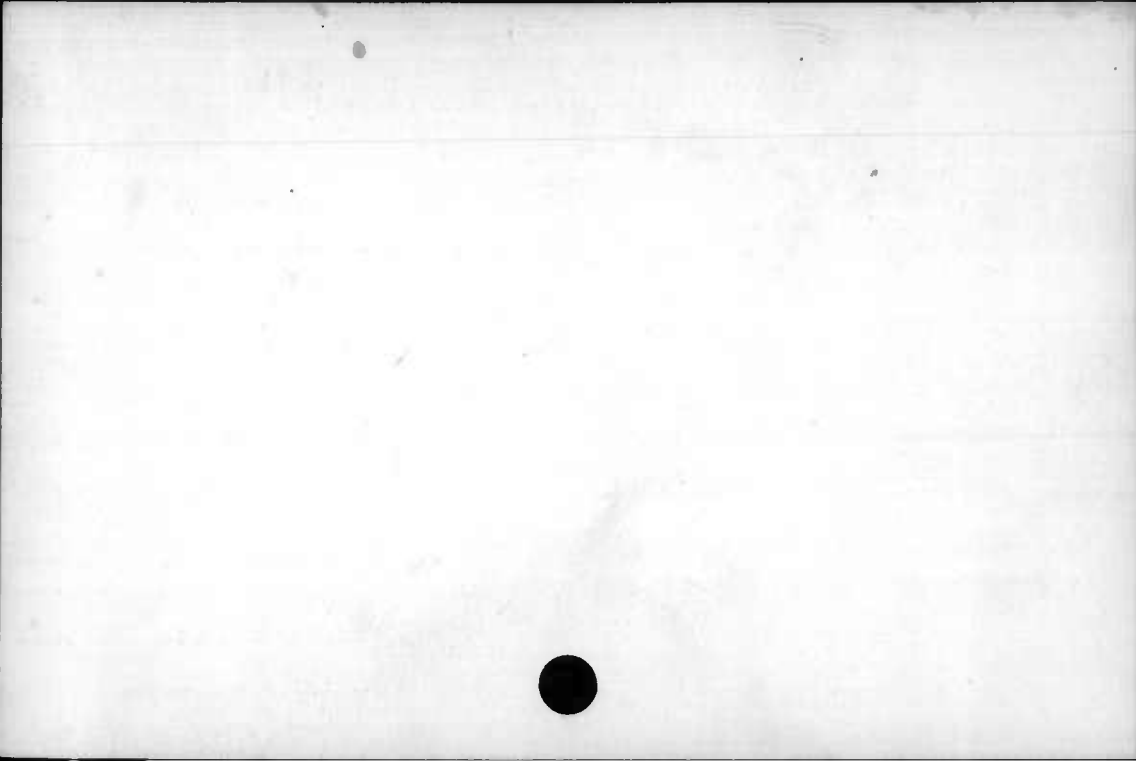
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Princeton City</i> <sup>Town</sup>		<i>Princeton</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	<i>May</i> <sup>Month</sup>	<i>24</i> <sup>Day</sup>	<i>7</i> <sup>Years</sup>	<i>4</i> <sup>Months</sup>	<i></i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Princeton</i>		
Occupation <i>Chief</i>	Where Residing If not at place of death				
Married, Single or Widowed <i>-</i>	Name of Wife or Husband				
Father's Name <i>Gordon W. Adkins</i>	Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>Princeton</i>		
Mother's Maiden Name <i>Laura J. Martin</i>	How related to deceased <i>Father</i>				
Name of person giving Information <i>Gordon W. Adkins</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Intestinal obstruction</i>	How long <i>Four days</i>
Immediate <i>Acute peritonitis</i>	How long <i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. Lee Hall</i>
	Address <i>Princeton City, Ind</i>
Accident or Suicide? <i>No</i>	<i>Called here him some day of death</i>



Name  
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## CERTIFICATE OF DEATH

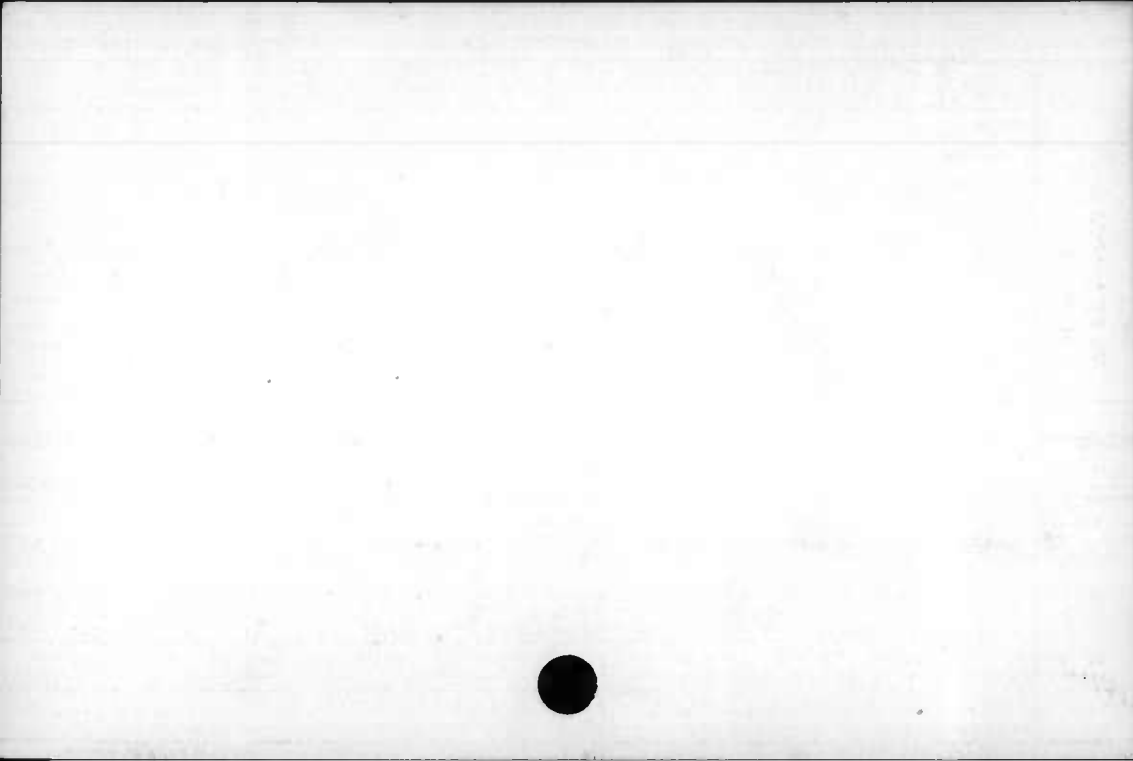
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lotts</i> Town <i>Frederick Ayres</i> County <i>Worcester</i>		MARYLAND	
Date of death	1907	Month	May
		Day	20
		Age	3
		Years	
		Months	
		Days	
Sex	<i>Male</i>	Color or Race	<i>Blk</i>
Occupation	<i>—</i>	Birth-place	<i>Ind</i>
Where residing if not at place of death			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	
Father's Name	<i>E Ayres</i>	Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Mary Ayres</i>	Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>Daniel Ayres</i>	How related to deceased	<i>S. father</i>

## CAUSES OF DEATH

⑧

Primary	<i>Whooping cough</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Had none</i>		
	Address <i>D A Massey</i>		
Accident or Suicide?	<i>OK</i>		



Name  
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Lenni Badley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

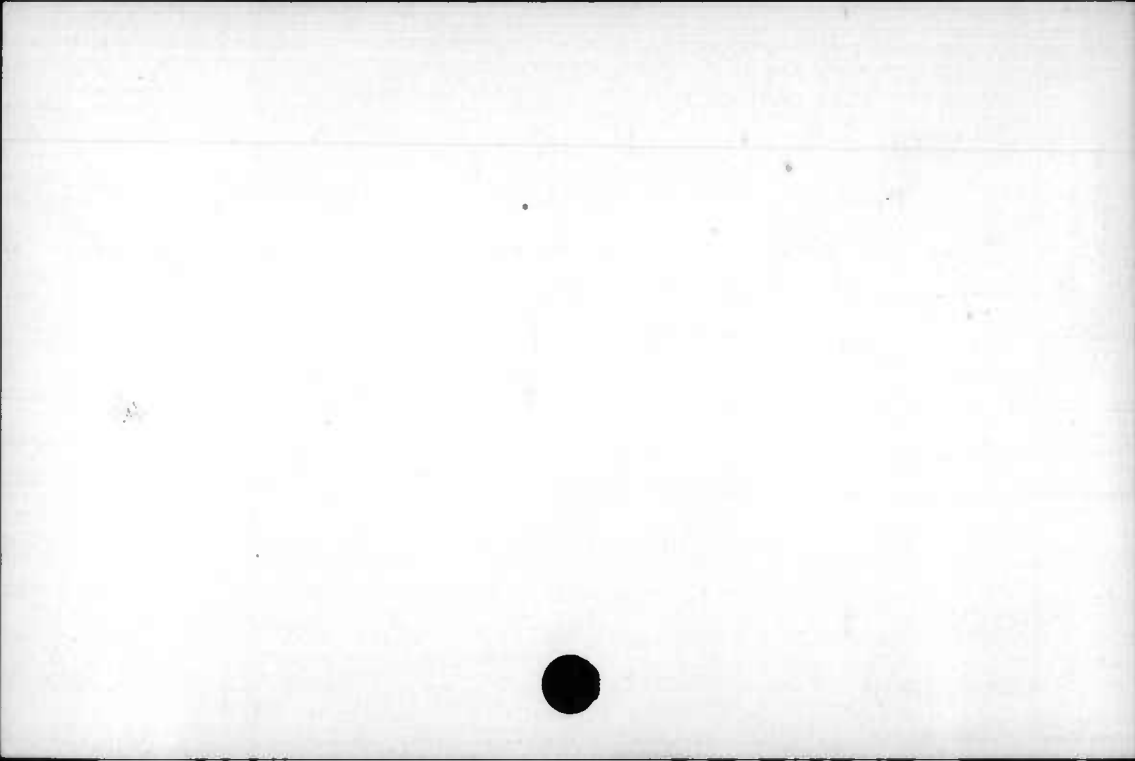
Died at <u>Heane Taylorville</u> Town		<u>Worcester</u> County		MARYLAND	
Date of death	<u>1907</u> Month	<u>27</u> Day	Age <u>45</u> Years	Months	Days
Sex <u>male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>Arch Badley</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <u>Thurnis Cakes</u>			How related to deceased <u>uncle</u>		

## CAUSES OF DEATH

(29)

PHYSICIAN  
OR CORONER

Primary	<u>Virral Tuberculosis</u>	How long	<u>5 years</u>
Immediate	<u>Inaution</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Clarrickson</u>	
		Address <u>Berlin Md</u>	
Accident or Suicide?			



Name  
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*Nancy Bishop*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Alex' Grange</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND	
Date of death <i>1907 May</i> <small>Month</small>		<i>Wednesday</i> <small>Day 22<sup>nd</sup></small>		<i>85</i> <small>Years</small>	
Sex <i>Female</i>		Color or Race <i>Negro</i>		Birth-place <i>Worcester Co. Md.</i>	
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>At place of death</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Henry Bishop deceased</i>			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Not Known</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Not Known</i>			
Name of person giving information <i>Moses Beckwith</i>		How related to deceased <i>Not related</i>			

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Liver and Heart disease</i>		How long <i>Two months</i>
Immediate <i>Disease of Heart</i>		How long <i>Two or more weeks</i>
Are the name, age, sex, color, date, and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. J. Parker M.D.</i>
		Address <i>Stockton, Maryland</i>
Accident or Suicide?		

Chico



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Child not named. *Baltimore* County

Died at *Pocomoke City Maryland* **MARYLAND**

Date of death *1907 May 22* Age *2 27* Months *2* Days *27*

Sex *Female* Color or Race *White* Birth-place *Md.*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Samie M. Brittingham* Father's Birthplace *Md.*

Mother's Maiden Name *Bula Bert* Mother's Birthplace *Md.*

Name of person giving information *Samie M. Brittingham* How related deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

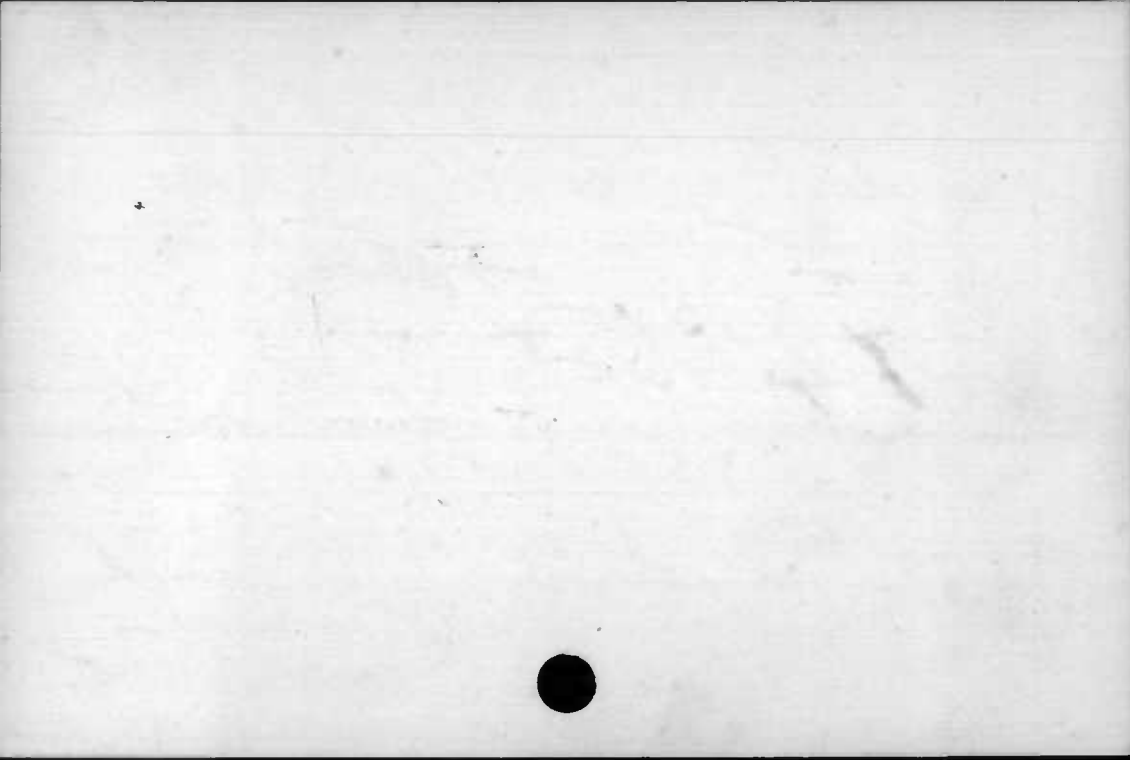
Primary *Measles* How long *2 1/2 months*

Immediate *Exhaustion* How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. M. Wilson* Address *Pocomoke City*

Accident or Suicide? *—*



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Isaac Wm. Burbages

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Friendships</i> <sup>Town</sup>		<i>Worcester</i> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	5	Day	2
Age	72	Years		Months	
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Worcester</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Miss Holland</i>		
Father's Name	<i>Do not know</i>			Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Unknown</i>			Mother's Birthplace	<i>Unknown</i>
Name of person giving information	<i>J. E. Wise</i>			How related to deceased	

## CAUSES OF DEATH

Primary	<i>Prostatitis</i>	How long	<i>4 or 5 years</i>
Immediate	<i>Nephritis</i>	How long	<i>1 year</i>

Are the name, age, sex, color, date and place correctly given above?

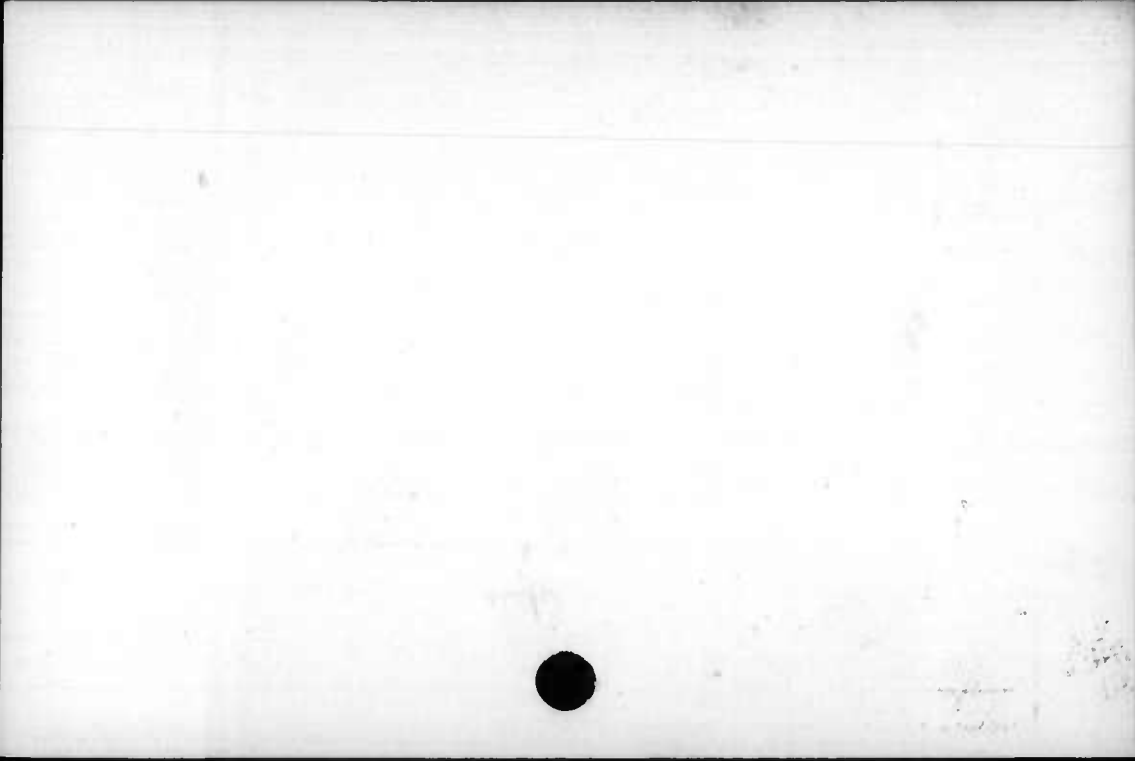
*Yes*

Signature of Physician

Address

*James Pitts*  
*Burlington, N.C.*

Accident or Suicide?



Name  
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Thoma P. Butler

## CERTIFICATE OF DEATH

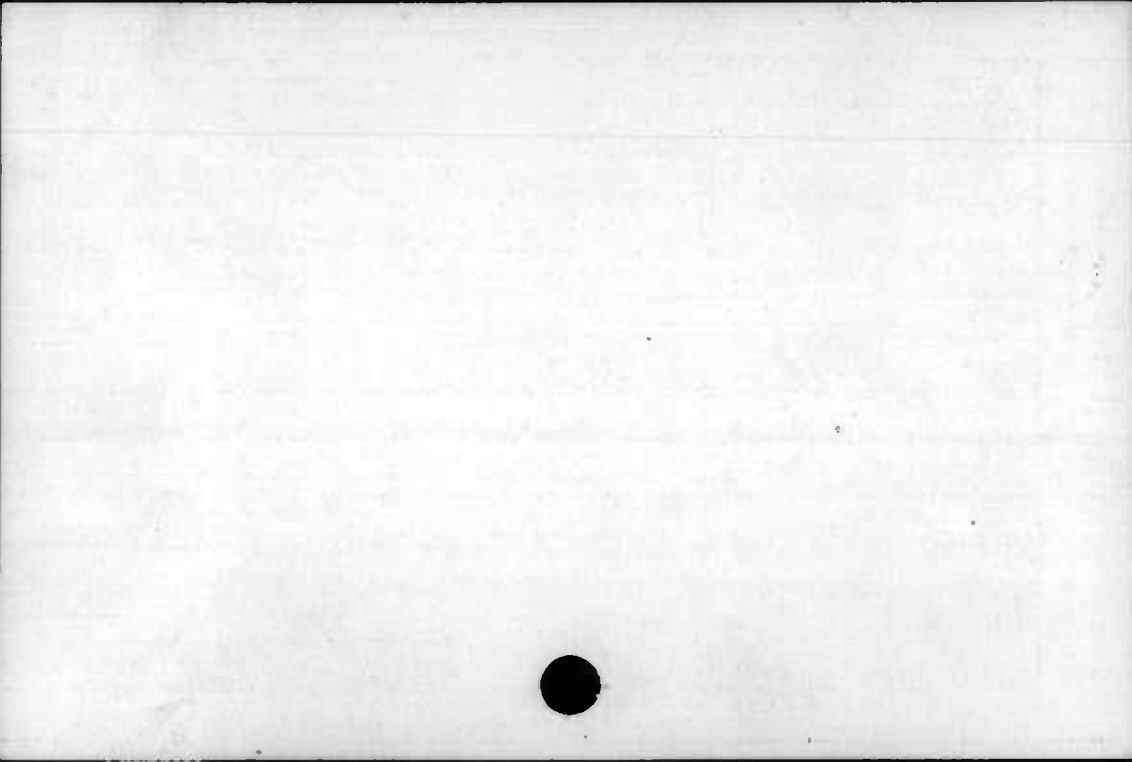
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Snow Hill</u>		County <u>Worcester</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>May</u>	Day <u>16</u>	Age <u>—</u>	Months <u>7</u>	Days <u>28</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>—</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Clayton P. Butler</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Gertrude Ennis</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Clayton Butler</u>			How related to deceased <u>father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Dysentery</u>	(14)	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>John L. Riley</u>
		Address <u>Snow Hill</u>
		<u>Ind.</u>
Accident or Suicide?		



Name  
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Jno Collins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		190	7	Month	5	Day	16
Age		66		Years		Months	
Sex		male		Color or Race		colored	
Occupation		none		Birth-place		none	
Where Residing if not at place of death				-			
Married, Single or Widowed				Name of Wife or Husband			
Don't know				Don't know			
Father's Name				Don't know			
Mother's Maiden Name				Don't know			
Name of person giving information				Theresa			
Father's Birthplace				Don't know			
Mother's Birthplace				Don't know			
How related to deceased				Don't know			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Rheumatism		How long		Some years	
Immediate		Heart failure		How long		Some days	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
				Theresa			
				Address			
				Princeton City			
Accident or Suicide?							





Name  
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Flora F. Derriehson

## CERTIFICATE OF DEATH

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NEAREST FRIEND

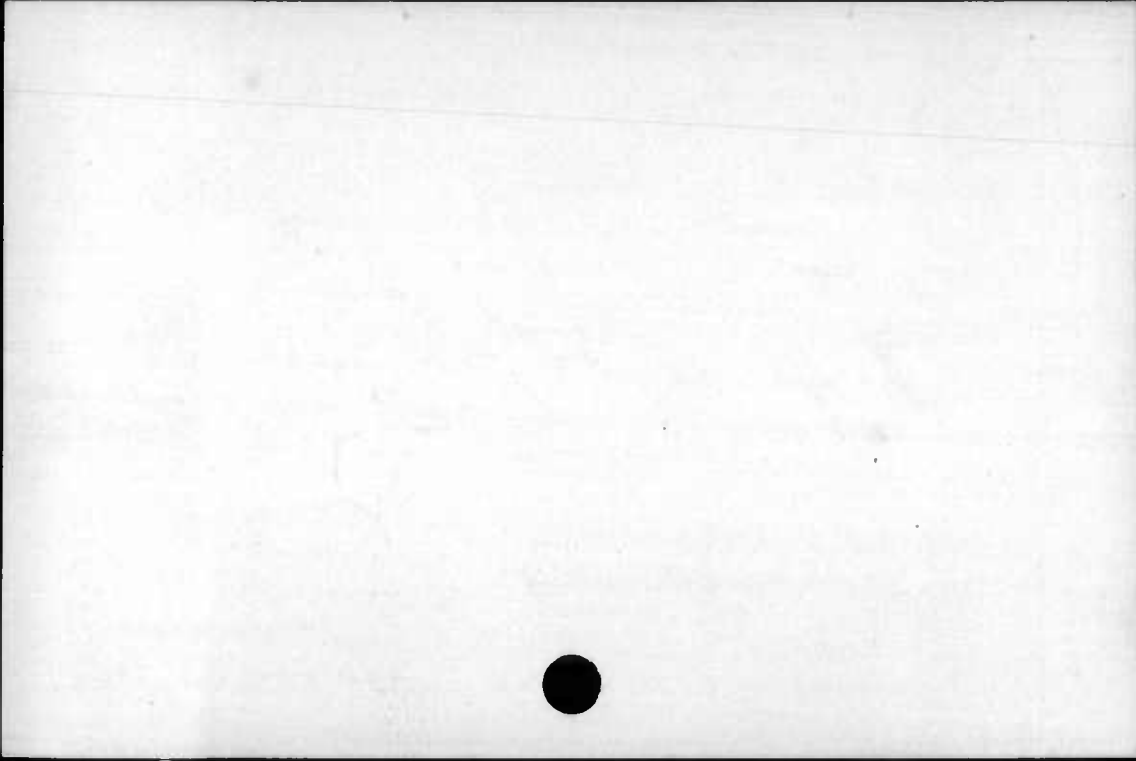
Died at		Town <i>Strocton</i>		County <i>Worcester</i>		MARYLAND	
Date of death 1907		Month <i>5</i>	Day <i>2</i>	Age	Years	Months <i>11</i>	Days <i>16</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Strocton and</i>			
Occupation				Where Residing if not at place of death			
<del>Married</del> Single		Name of Wife or Husband <i>Heester Derriehson</i>					
Father's Name <i>Elish Derriehson</i>		Father's Birthplace <i>and</i>					
Mother's Maiden Name <i>Heester Gullins</i>		Mother's Birthplace					
Name of person giving information <i>Elish Derriehson</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

(18)

PHYSICIAN  
OR CORONER

Primary <i>Whooping cough</i>	How long <i>10 days</i>
Immediate <i>Whooping cough</i>	How long <i>17</i>
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician <i>A. C. Heanover</i>	
Address <i>Strocton</i>	
Accident or Suicide?	



Name  
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## CERTIFICATE OF DEATH

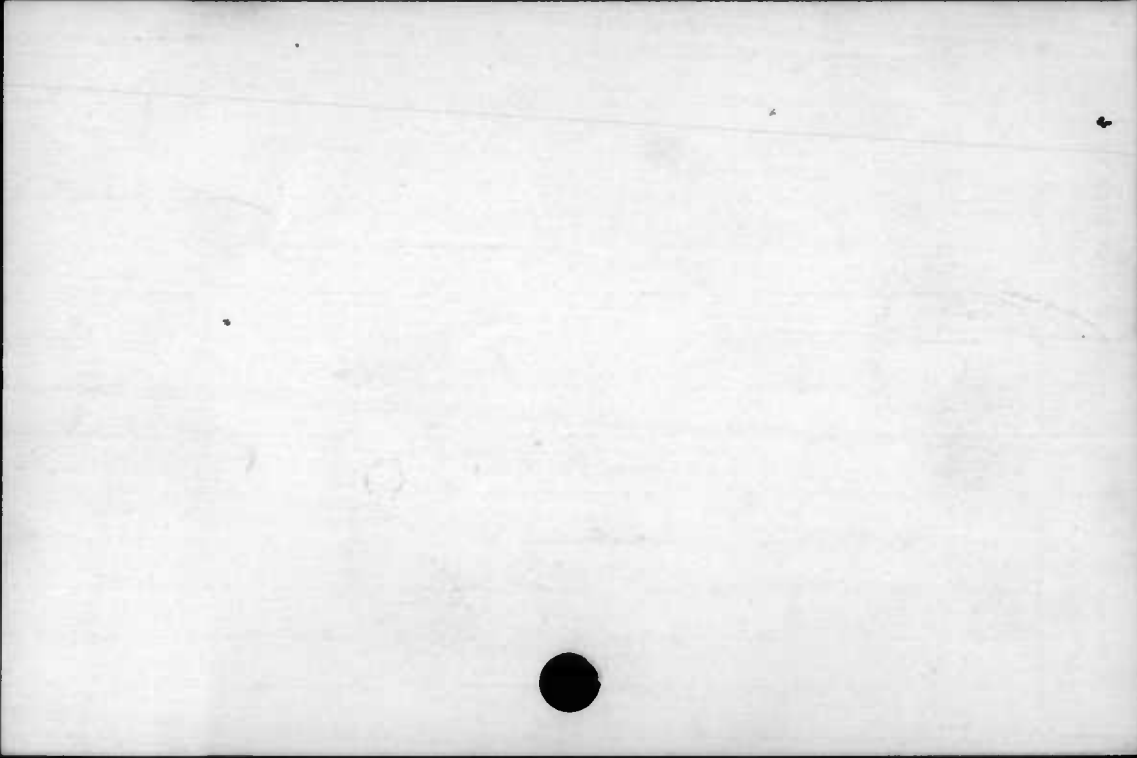
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pawmoke city</i>		Town <i>Pawmoke city</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>May</i>		Day <i>16</i>		Age <i>85</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Worcester Co</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Pawmoke city</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Calib Selby</i>					
Father's Name <i>Samson Coffman</i>		Father's Birthplace <i>Worcester Co</i>					
Mother's Maiden Name <i>Sallie Coffman</i>		Mother's Birthplace <i>VI</i>					
Name of person giving information <i>Peter Armsbrook</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute indigestion</i>	How long <i>Two weeks</i>
Immediate <i>Intoxication &amp; Exhaustion</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Samuel S. Quinno</i>
	Address <i>Pawmoke city, Md</i>
Accident or Suicide?	



Name  
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Not insured.

Henry

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

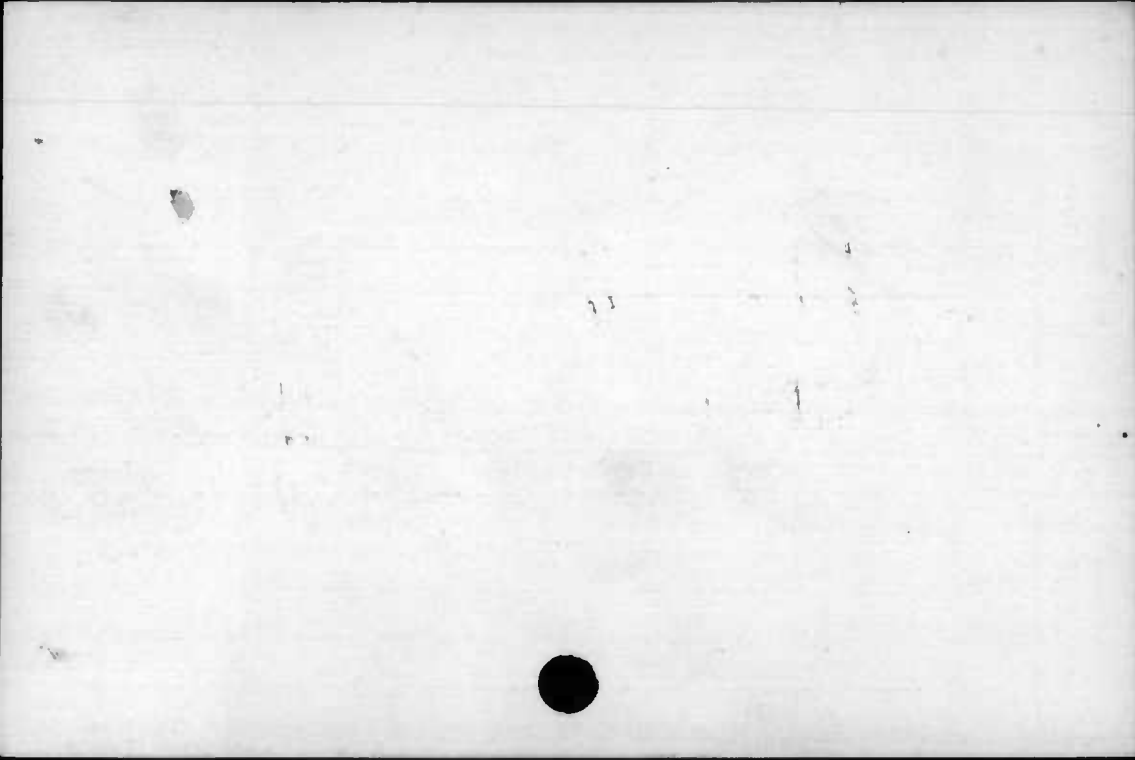
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		May	15			1	
Sex	Color or Race		Birth-place				
female	colored		Pocomoke				
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Raymond Henry				Pocomoke			
Mother's Maiden Name				Mother's Birthplace			
Elnora Wood				Virginia			
Name of person giving information				How related to deceased			
Raymond Henry				father			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Debilis	How long	—
Immediate	asphyxia	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. W. C. Frazier	
		Address	
		Pocomoke	
		Md.	
Accident or Suicide?			

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Name  
in  
Full

CERTIFICATE OF DEATH

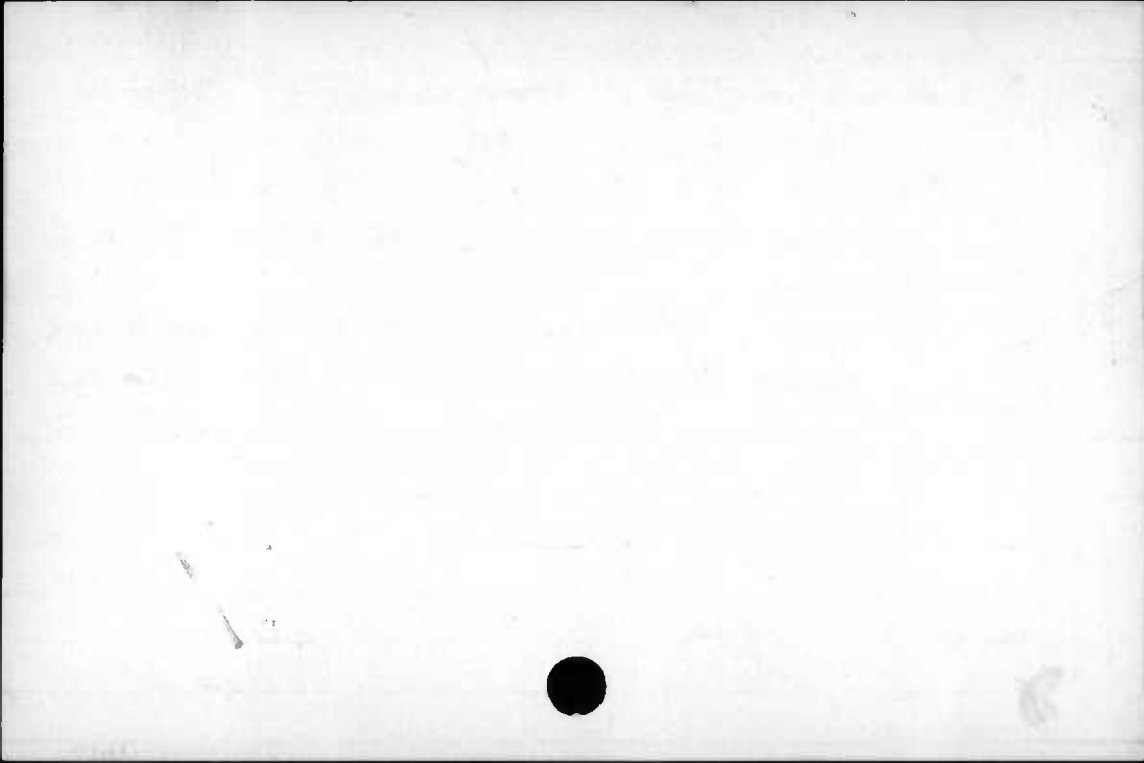
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		5	19	41			
Sex		Color or Race		Birth-place			
Male		White		Ind Philadelphia			
Occupation		Where Residing if not at place of death					
Salesman							
Married, Single or Widowed		Name of Wife or Husband					
Widowed		Unknown					
Father's Name		Father's Birth-place					
Wolsey Hopkins		Ind					
Mother's Maiden Name		Mother's Birthplace					
Miss Dale		"					
Name of person giving information		How related to deceased					
J. E. Wise		None					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Consumption	How long	27	About 1 year
Immediate		How long		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Had none		
		Address		
		O.K. L. A. Massey		
Accident or Suicide?				





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John J. Jones

Died at

Ocean City

Town

Worcester

County

MARYLAND

Date

of death 1907

Month

May

Day

29

Years

Age

Months

3

Days

Sex

Male

Color or  
Race

Caucasian

Birth-  
place

Ocean City, Md

Occupation

Where Residing if not  
at place of death

Ocean City, Md

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

J. B. Jones

Father's  
Birthplace

Baltimore, Md

Mother's  
Maiden Name

Minnie Kearney

Mother's  
Birthplace

Baltimore, Md

Name of person giving  
information

J. F. Townsend

How related  
to deceased

None

## CAUSES OF DEATH

18

Primary

Whooping cough

How long

Three weeks

Immediate

Heart Failure

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

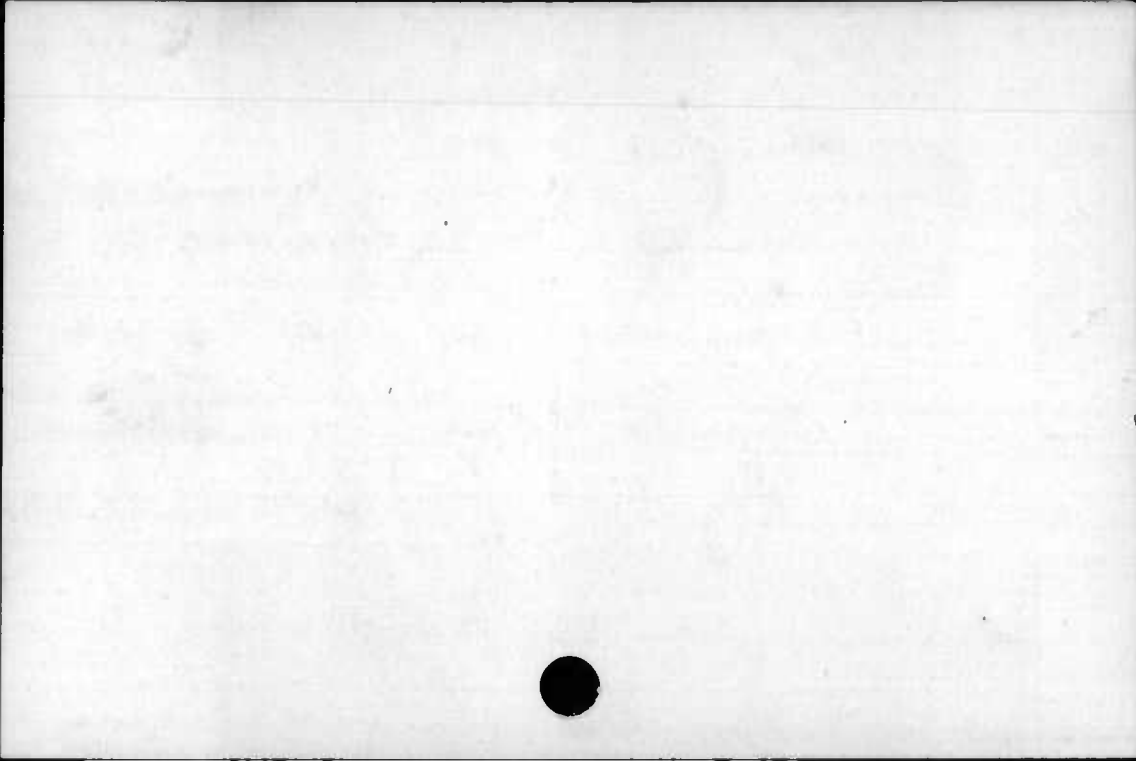
Signature of  
Physician

Address

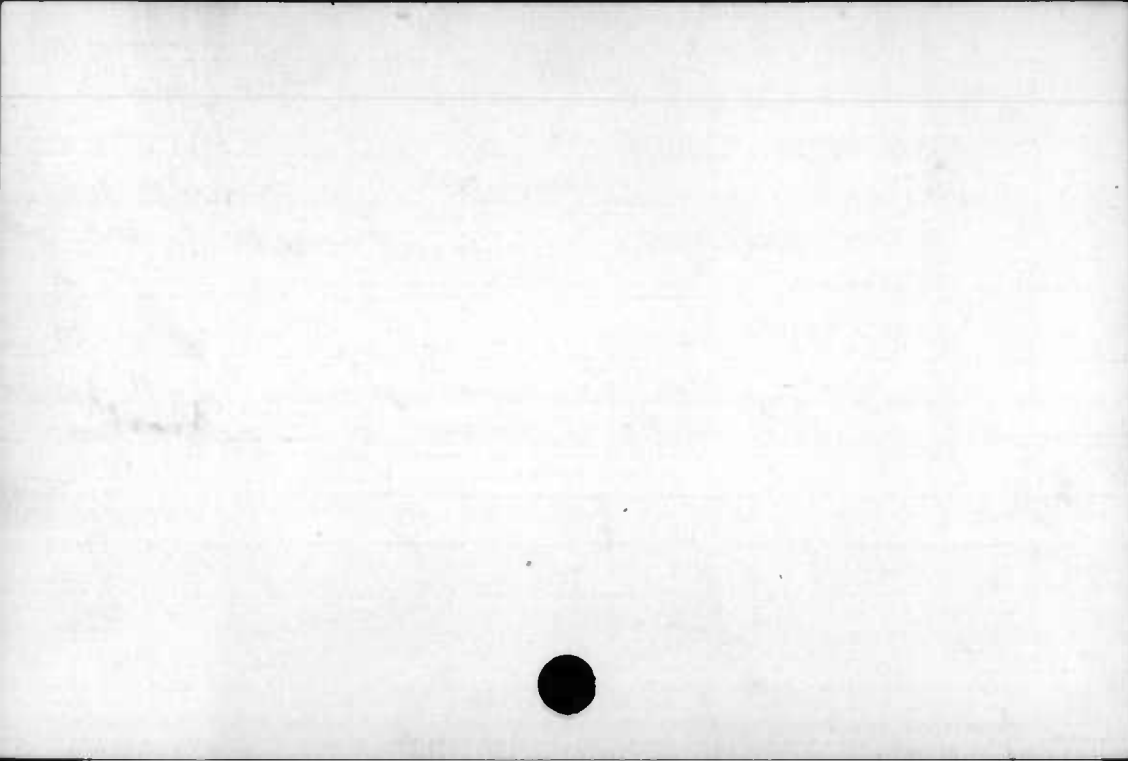
J. F. Townsend  
Ocean City, Md

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Snow Hill</i> <small>Town</small>		<i>Norchester</i> <small>County</small>	
		Date of death <i>1907</i> <small>Month</small> <i>May</i> <small>Day</small> <i>30th</i> <small>Years</small> <i>40</i>		<small>Months</small> <small>Days</small>	
		Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Snow Hill Md</i>	
		Occupation <i>Day Laborer</i>	Where Residing if not at place of death <i>Snow Hill Md</i>		
		Married, Single or Widowed <i>No.</i>	Name of Wife or Husband _____		
		Father's Name <i>George Jones.</i>	Father's Birthplace <i>Snow Hill Md</i>		
		Mother's Maiden Name <i>Sarah Jones</i>	Mother's Birthplace <i>Snow Hill Md</i>		
Name of person giving information <i>Alice M. Rotins</i>		How related to deceased <i>Daughter</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Apoplexy (Cerebral)</i>		How long <i>15 months</i>	
		Immediate <i>Paralysis of heart</i>		How long <i>Immediately</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>John S. Delmonte M.D.</i>	
				Address <i>Snow Hill Md.</i>	
		Accident or Suicide? <i>No</i>			



Name  
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NEAREST FRIEND

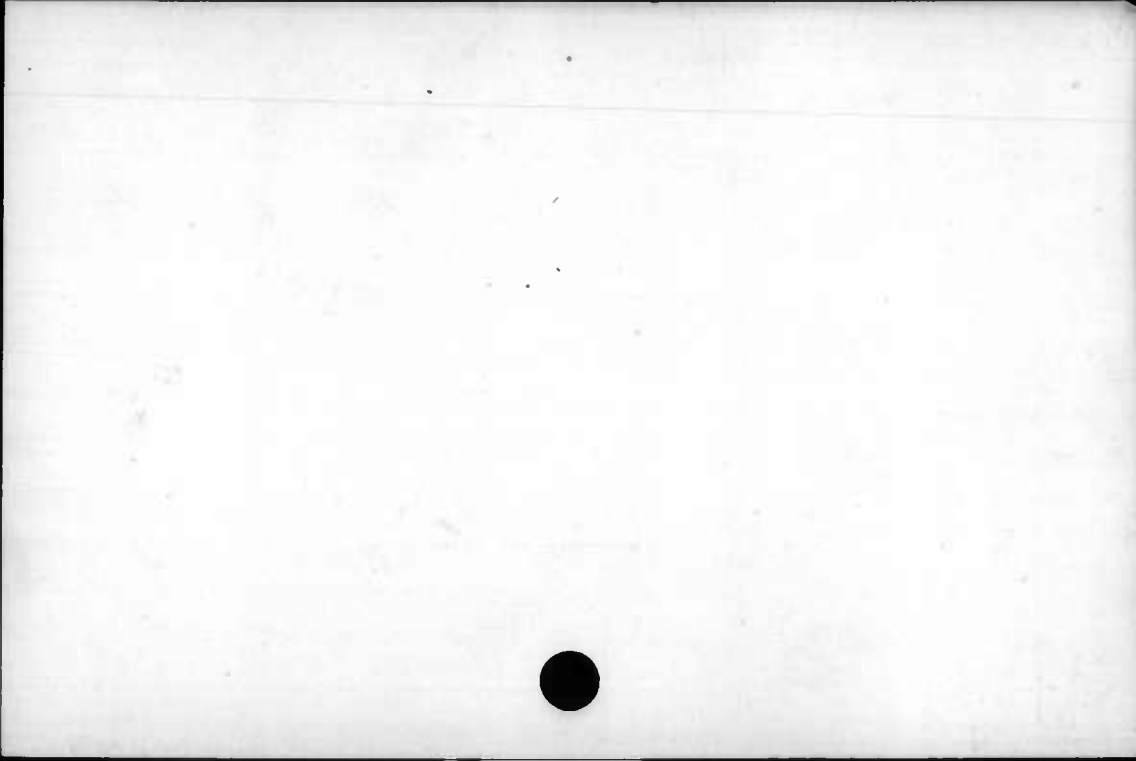
Died at <i>Berlin</i> <sup>Town</sup>		<i>Worcester</i> <sup>County</sup>		MARYLAND	
Date of death 190	<i>7</i> <sup>Month</sup>	<i>5</i> <sup>Day</sup>	<i>23</i> <sup>Age</sup>	<i>51</i> <sup>Years</sup>	<i>0</i> <sup>Months</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>House keeper</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Geo Lank</i>				
Father's Name <i>Asley Walston</i>	Father's Birthplace <i>Worcester Co</i>				
Mother's Maiden Name <i>Amelia Richardson</i>	Mother's Birthplace <i>Worcester Co</i>				
Name of person giving information <i>J E Wise</i>	How related to deceased <i>None</i>				

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Consumption.</i>	How long <i>2 years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Ebe Holland</i>
	Address <i>Berlin Ind</i>
Accident or Suicide?	



Name  
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Lola Mason

## CERTIFICATE OF DEATH

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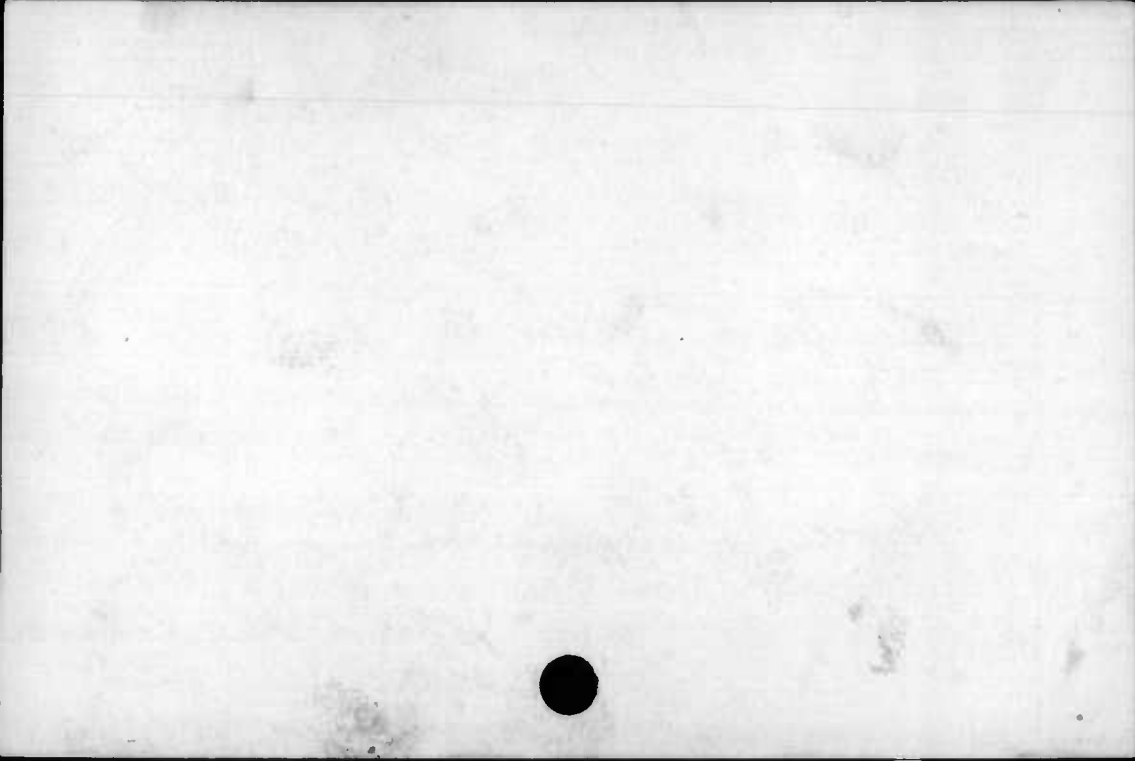
Died at <i>Stockton</i> <sup>Town</sup>		<i>Worcester</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month <i>May</i>	Day <i>6</i>	Age <i>5</i> Years	Months <i></i> Days <i></i>
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Maryland</i>		
Occupation <i></i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>			
Father's Name <i>Jacob Mason</i>		Father's Birthplace <i>Stockton Md</i>			
Mother's Maiden Name <i>Osha Rowley</i>		Mother's Birthplace <i>Stockton Md</i>			
Name of person giving information <i>Jacob Mason</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Acute Pulmonary Tuberculosis</i>	How long <i>9 weeks</i>
Immediate	<i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. D. Dickerson M.D.</i>
		Address <i>Stockton</i>
Accident or Suicide? <i></i>		<i>Worcester Co</i>





Name  
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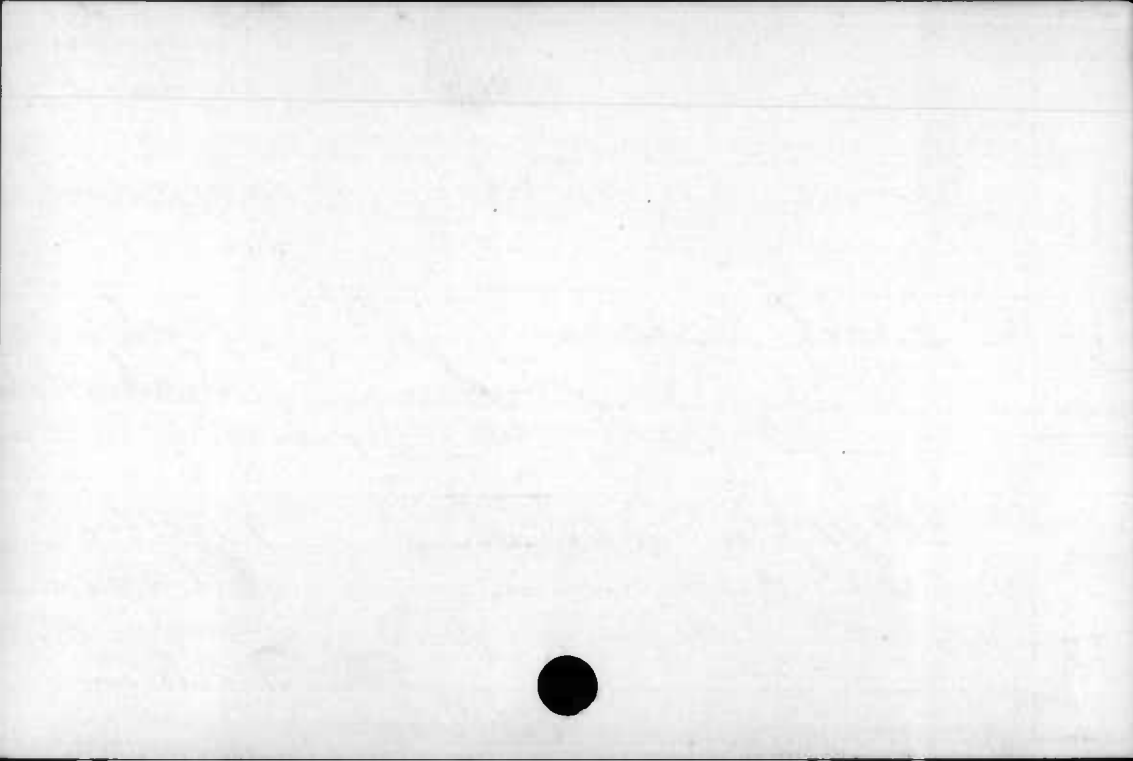
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cedar</i> <sup>Town</sup>		<i>Worcester</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>May</i>	Day	<i>14</i>
Age	<i>2</i>	Years	<i>3</i>	Months	<i>5</i>
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Ind</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>Wm Murnford</i>			Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Ladies Trichie</i>			Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>Ellis Johnson</i>			How related to deceased	<i>Aunt</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Whooping Cough (8)</i>	How long	<i>about 5 weeks</i>
Immediate	<i>Pneumonia</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Paul Jones</i>		
	Address <i>Intervale Mo</i>		
Accident or Suicide?			



Name  
in  
Full

Walter Outen

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

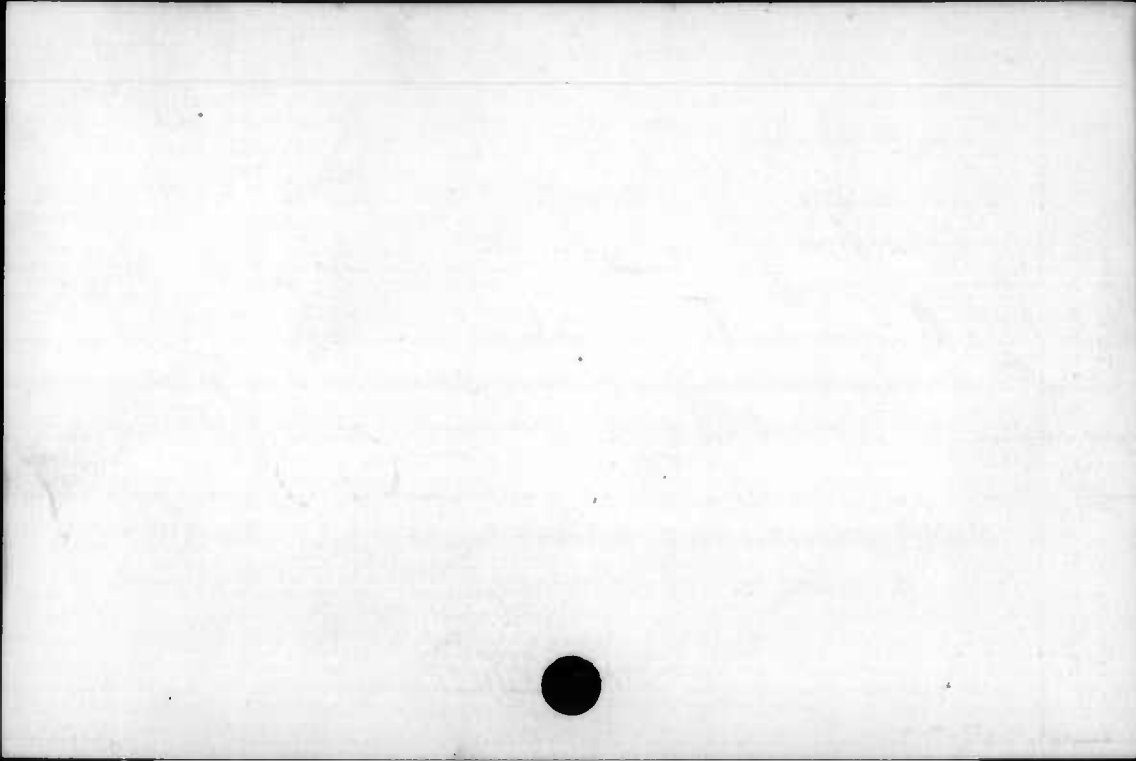
Died at <sup>Town</sup> <i>New Westminster</i>		<sup>County</sup> <i>Worcester</i>		MARYLAND	
Date of death	1907	Month	May	Day	14
Age	Years		Months		Days
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>Maryland</i>	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>Charles T. Outen</i>		
Mother's Maiden Name			<i>Ira Jones</i>		
Name of person giving information			<i>Charles T. Outen</i>		
Father's Birthplace			<i>MD</i>		
Mother's Birthplace			<i>Pocomoke City MD</i>		
How related to deceased			<i>Father</i>		

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	<i>Broncho-Pneumonia</i>	How long	<i>7 days</i>
Immediate	<i>Heart failure</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>John D. Dickerson</i>	
		Address	
		<i>Stockley MD</i>	
		<i>Worcester Co</i>	
Accident or Suicide?			



Name  
in  
Full

Mary J. Guiddin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

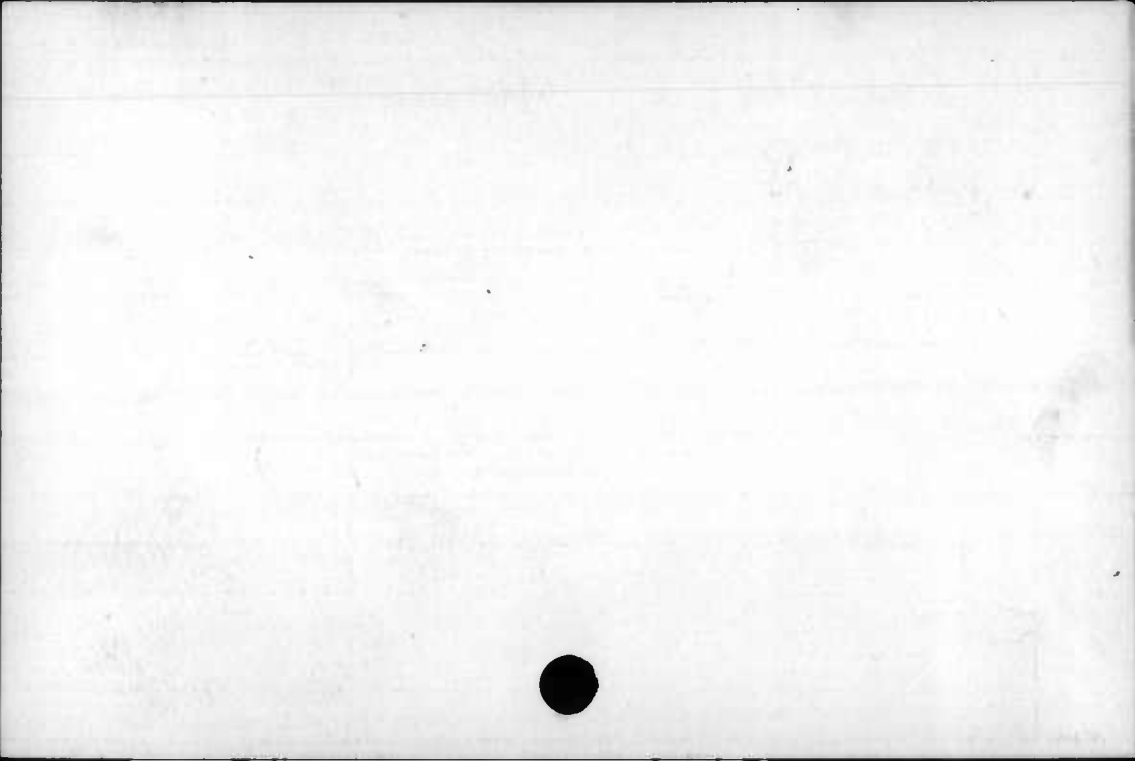
Died at <i>Taylorville</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>May</i>	Day	<i>17</i>
Age	<i>60</i>	Years	<i>60</i>	Months	<i>2</i>
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Maryland</i>
Occupation	<i>House wife</i>		Where Residing if not at place of death <i>died at home</i>		
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband <i>Stephen Guiddin</i>		
Father's Name	<i>William Pennell</i>		Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name	<i>Mary Taylor</i>		Mother's Birthplace <i>Maryland</i>		
Name of person giving information	<i>Stephen Guiddin</i>		How related to deceased <i>Therbor</i>		

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	<i>Cardiac failure</i>	How long	<i>for several</i>
Immediate	<i>and General Anesthesia</i>	How long	<i>Years</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Edwin J. Dirickson</i>	
<i>Yes</i>		Address <i>Berlin</i>	
Accident or Suicide? <i>X</i>		<i>Maryland</i>	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Betha Lee Gilchert* Town *Beaver Dam* County *Monester*

Died at *Beaver Dam*

Date of death *1907* Month *May* Day *9* Age *22* Years Months *6* Days *27*

Sex *Female* Color or Race *White* Birth-place *Ta*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Husband *S. Bates Gilchert*

Father's Name *Cornelius J. Byrd* Father's Birthplace *Ta*

Mother's Maiden Name *Ritessa J. Duncan* Mother's Birthplace *Ta*

Name of person giving information *Cornelius J. Byrd* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

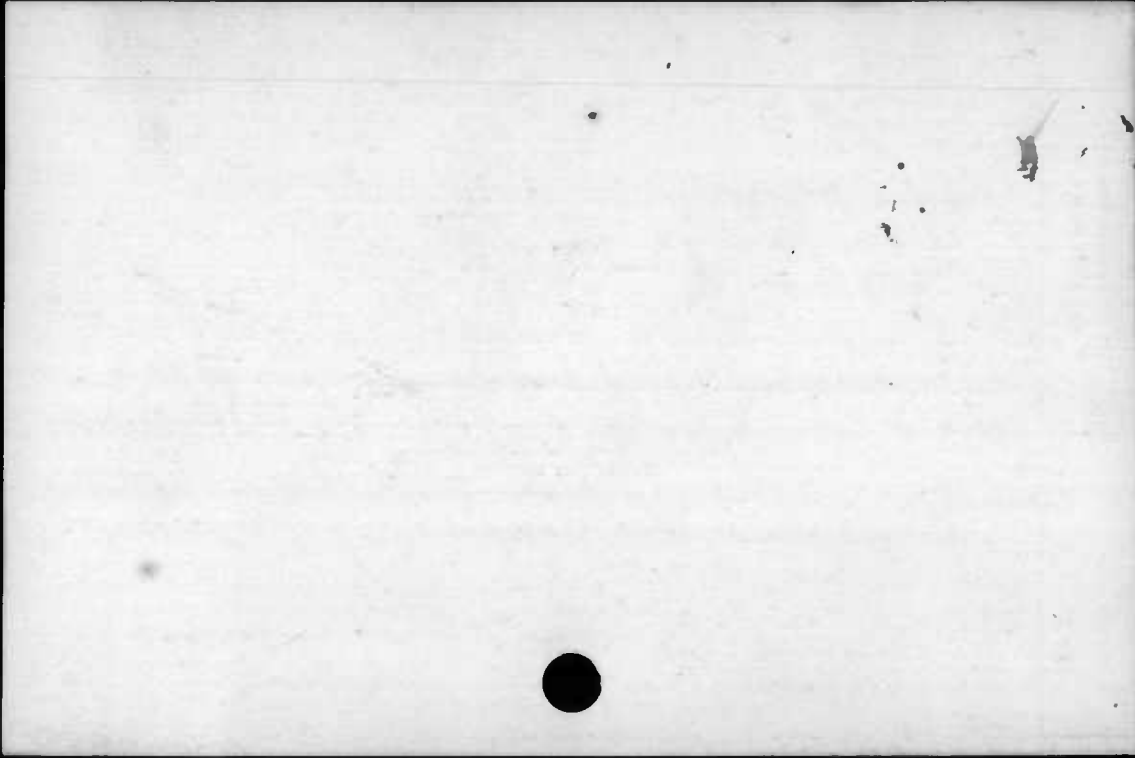
Primary *Abortion of Chlamydia* How long *2 wks*

Immediate *Sudden Collapse* How long *2 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

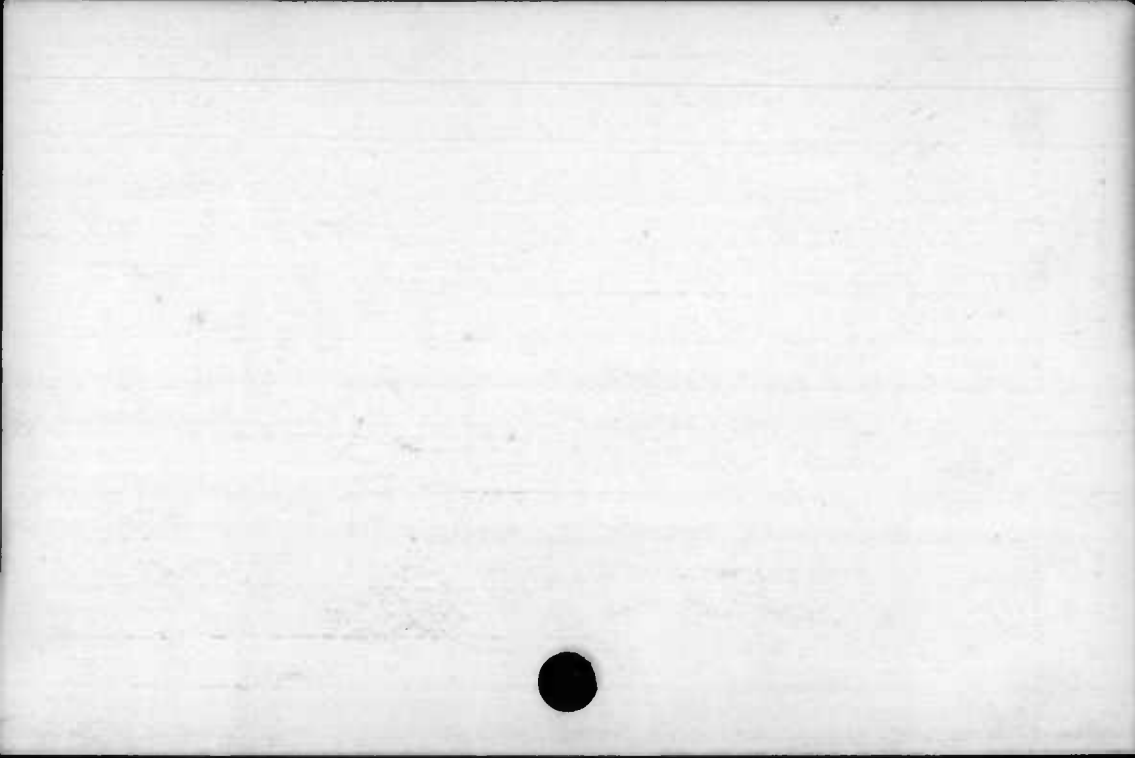
Signature of Physician *J. Wilson* Address *Beaver Dam City*

Accident or Suicide? *—*





Name in Full <b>Emma Tull</b>		CERTIFICATE OF DEATH	
Died at Town <b>Pocomoke</b>		County <b>Wicomico</b>	
Date of death <b>1907</b>		Month <b>5</b>	
Day <b>6</b>		Age <b>42</b>	
Sex <b>Female</b>		Color or Race <b>Caucasian</b>	
Occupation <b>Housewife</b>		Where Residing if not at place of death	
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>H. C. Tull</b>	
Father's Name <b>L. P. Mills</b>		Father's Birthplace <b>md</b>	
Mother's Maiden Name <b>Elizabeth Henderson</b>		Mother's Birthplace <b>md</b>	
Name of person giving information <b>H. C. Tull</b>		How related to deceased <b>Husband</b>	
CAUSES OF DEATH			
Primary <b>Phthisis Pulmonalis</b>		How long <b>3 morn.</b>	
Immediate <b>General Exhaustion</b>		How long <b>10 days</b>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>J. M. Willis</b>	
		Address <b>Pocomoke City Md.</b>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Samuel F Ward</b>		Town <b>Pawmoke city</b>		County <b>Worcester</b>		MARYLAND	
Died at <b>Pawmoke city</b>		Month <b>May</b>		Day <b>23</b>		Age <b>90</b>	
Date of death <b>1907</b>		Months <b>7</b>		Years <b>23</b>		Days <b>90</b>	
Sex <b>Male</b>		Color or Race <b>Colored</b>		Birth-place <b>Worcester Co</b>			
Occupation <b>Minister</b>		Where Residing if not at place of death <b>Pawmoke city</b>					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Lulu Lane</b>					
Father's Name <b>Stephen Ward</b>		Father's Birthplace <b>Worcester Co</b>		Mother's Birthplace <b>16 11</b>			
Mother's Maiden Name <b>Not known</b>		How related to deceased <b>Uncle</b>					
Name of person giving information <b>Chas Ballard</b>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Arterial Heart Disease</b>	How long <b>1 year</b>
Immediate <b>Dropsy + exhaustion</b>	How long <b>2 months</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>Samuel S. L. L. L.</b>
	Address <b>Pawmoke city Md</b>
Accident or Suicide?	

